

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-16-05</u>		2 Serial/Patent # <u>10/533348</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$100. ⁰⁰ / ₁₀₀							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>3</td><td>--</td><td>1</td><td>7</td><td>2</td><td>8</td> </tr> </table>			0	3	--	1	7	2	8
0	3	--	1	7	2	8					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
<div style="display: flex; justify-content: space-between; font-size: small;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** Renln. Ref: 09/19/2005 BCAMPBEL 0020420300 FC: 9204 \$100.00 CR </div>											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**